Employes' Retirement System
City of Milwaukee
789 N Water St, Suite 300
Milwaukee WI 53202

CHANGE OF ADDRESS FORM

PLEASE PRINT ALL INFORMATION
*For Retired or Deferred Employees only

Print Name: _____

ERS ID Number: _____

Is this change: ☐ Permanent ☐ Temporary
(Check one)

Effective Date(s) _____

Old Mailing Address _____

_____
City State Zip

New Mailing Address _____

_____
City State Zip

Please provide residence address below, if **DIFFERENT** from mailing address.

_____

_____
City State Zip

Signature: _____
(Signature is REQUIRED)**

Social Security Number: _____

Telephone Number: (_____) _____

Employee Status: _____ Retired _____ Deferred

*Active members should notify their payroll or personnel departments regarding address changes.

**If you are signing for the retiree as their Power of Attorney or Guardian, ERS must have a copy of the Power of Attorney or Guardianship paperwork, authorizing you to sign on their behalf. If you have not previously sent a copy for our records, please attach a copy with this form.

✔ If you want confirmation of receipt of this form, please enclose a stamped, self-address envelope for this purpose. You can mail this form to the address above or fax it to 414-286-8428.